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Principal Place	of Business	3. Mailing Addi	ress			\ UU UU U	1 111 111 111	NIII NN 190 IIN IN 1911	I (UUIU f u t) (UU I
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Zip	Country	Zip	Co	puntry	5. Certi	ficate of Status Des	ired 🗌 🔲	\$5.00 Ad Fee Require	
6.	 Name and Address of Curre 	ent Registered Agent	I	Name	7. Name	e and Address of I	New Register	ed Agent	
LABYAK, MARY J 300 EAST BAY DRIVE LARGO FL 33770				Street Address (P.O. Box Number is Not Acceptable)					
			1	`City			F	Zip Cod	e et
The above name	ned entity submits this statemen	t for the purpose of ch	nanging its regist	tered office or reg	istered agent,	or both, in the State			
	ned entity submits this statemen ature, typed or printed name of registered ag		(NOTE: Regist	tered office or reg tered Agent signature re	quired when reinstati	<u></u>			
GNATURE - Signat	ature, typed or printed name of registered ag	ent and title if applicable. Make (MBERS/MEMBERS	(NOTE: Regist	tered Agent signature re I FEE IS \$50. • to Departmen 0.	quired when reinstati	ng)	of Florida.	TE CONTRACTOR	
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